

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 OCT 20 AM 8:15  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

OUR VOICES MATTER

ADDRESS (number and street)

402 GRANT AV



Check if different  
than previously  
reported. (ACC)

LEECHBURG

PA

15654-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00568246

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

through

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CHARLES A PASCAL JR

Signature of Treasurer

*Charles A Pascal Jr*

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 05/2016

20161020-00110749

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

OUR VOICES MATTER

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2016

To:

MM / DD / YYYY  
09 / 30 / 2016

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<div>MM / DD / YYYY 2016</div>		<div>MM / DD / YYYY 47278</div>
(b) Cash on Hand at Beginning of Reporting Period.....		<div>MM / DD / YYYY 47278</div>	
(c) Total Receipts (from Line 19) .....		<div>MM / DD / YYYY 0-</div>	<div>MM / DD / YYYY 0-</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....		<div>MM / DD / YYYY 47278</div>	<div>MM / DD / YYYY 47278</div>
7. Total Disbursements (from Line 31) .....		<div>MM / DD / YYYY 0-</div>	<div>MM / DD / YYYY 0-</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....		<div>MM / DD / YYYY 47278</div>	<div>MM / DD / YYYY 47278</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		<div>MM / DD / YYYY 0-</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		<div>MM / DD / YYYY 0-</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

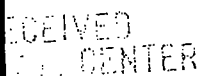
**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

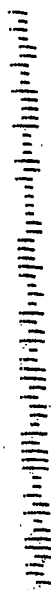
201611020300110750

2016-10-20-03-00110751



20 AM 8:15

FEB  
999 E ST NW  
Washington DC 20463



Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  
(3/2015)

*[Signature]*

10/20/16  
DATE PREPARED

201610200300110752